

# CHECKLIST OF REQUIRED DOCUMENTATION FOR UTILIZATION MANAGEMENT

Manual (“Non-Sage”) Version 2.0

## IMPORTANT NOTES:

- Documentation, including forms within Sage and assessments, must be completed and signed on the date indicated on the documentation. Providers may NOT back- or forward-date documentation so that it appears to have been completed and signed on a different date than was actually the case.
- **Required Template Language for Level of Care Justifications** (see below Checklist for where this language should be documented)
  - LEVEL OF CARE JUSTIFICATION – Given the patient’s history and condition, the patient is determined to be appropriate for \_\_\_ *[INSERT APPROPRIATE LEVEL OF CARE IN WHICH PATIENT WILL BE PLACED]*. While the other level(s) of care of \_\_\_ *[ENTER OTHER CONSIDERED LEVEL(S) OF CARE]* were considered, the patient was ultimately determined to be most appropriate for \_\_\_ *[ENTER LEVEL OF CARE PATIENT WAS REFERRED TO]* because \_\_\_ *[DESCRIBE THE SPECIFIC REASONS WHY THE REFERRED TO LEVEL OF CARE IS BEST FOR THE PATIENT, INCLUDING IF AND WHY PATIENT IS BEING STEPPED UP/DOWN LEVEL OF CARE]*.
- **ASAM Reassessments**
  - For information on when ASAM reassessments are required, see the document titled “**ASAM Assessment Requirements for Level of Care Transitions**” on the SAPC website.

## Checklist of Required Documentation

### Medical Necessity for Outpatient Services (1.0 ASAM level of care)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE</li> </ul> </li>   <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis</li> <li>• Appropriate level of care determination</li> <li>• LPHA or licensed-eligible LPHA signature</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE</li> </ul> </li>   <li><input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days including:                             <ul style="list-style-type: none"> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature</li> <li>• Patient signature</li> </ul> </li>   <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li>   <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>
<b>PERINATAL and PARENTING – PPW Residential Patients*</b>	
<small>*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services</small>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required documentation for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required items for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>
<b>Discharge</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:                             <ul style="list-style-type: none"> <li>• Discharge and Transfer Form, All Levels of Care Except RBH.</li> <li>• Discharge from CalOMS.</li> </ul> </li> </ul>	

**Checklist of Required Documentation**

**Medical Necessity for Intensive Outpatient Services (2.1 ASAM level of care)**

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE</li> </ul> </li>   <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis</li> <li>• Appropriate level of care determination</li> <li>• LPHA or licensed-eligible LPHA signature</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE</li> </ul> </li>   <li><input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days including:                             <ul style="list-style-type: none"> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature</li> <li>• Patient signature</li> </ul> </li>   <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li>   <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>
<p><b>PERINATAL and PARENTING – PPW Residential Patients*</b>                      *See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services</p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required documentation for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required items for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>
<p><b>Discharge</b></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:                             <ul style="list-style-type: none"> <li>• Discharge and Transfer Form, All Levels of Care Except RBH.</li> <li>• Discharge from CalOMS.</li> </ul> </li> </ul>	

**Checklist of Required Documentation**

**Medical Necessity for Opioid Treatment Program (OTP)**

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE</li> <li>• <u>*NOTES:</u> <ul style="list-style-type: none"> <li>○ <b>Detox in OTP settings</b> – Requests for detox within an OTP setting (for up to 21 days) do NOT require use of the Service Request Form because this service is billed to Fee-for-Service Medi-Cal, as opposed to SAPC. However, a CalOMS admission is still required in this instance. Once patients are transitioned from detox to maintenance, providers must submit a Service Request Form, discharge the patient from detox on CalOMS, and admit patients into maintenance on CalOMS.</li> <li>○ <b>Continuous Treatment Dates (CTD)</b> – OTP providers should submit a new Service Request Form on the Continuous Treatment Date to align the annual justification requirement with the 12-month Eligibility Verification period. In these instances, in the “Explanation of Need for Ongoing Services and Justification for Level of Care” section of the Service Request Form, please enter the following information so that SAPC staff understand the reason for the Member Authorization and have visibility on the CTD: “This is a re-verification request to align the Member Authorization with the patient’s Continuous Treatment Date on MM/DD/YY (<i>enter patient’s CTD</i>).”</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis</li> <li>• Appropriate level of care determination</li> <li>• LPHA or licensed-eligible LPHA signature</li> </ul> </li> <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE</li> </ul> </li> <li><input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 90 days including:                             <ul style="list-style-type: none"> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature</li> <li>• Patient signature</li> </ul> </li> <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li> <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>

**PERINATAL and PARENTING – PPW Residential Patients\***

\*See SAPC Bulletin No.18-11 for additional details on Pregnant and Parenting Women (PPW) Services

<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Initial Eligibility Verification Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li> <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required documentation for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Re-Verification of Eligibility Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li> <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required items for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>
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**Discharge**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:                             <ul style="list-style-type: none"> <li>• Discharge and Transfer Form, All Levels of Care Except RBH.</li> <li>• Discharge from CalOMS.</li> </ul> </li> </ul>
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## Checklist of Required Documentation

### Residential Treatment Services (3.1, 3.3, 3.5 ASAM level of care) – Youth, Young Adult, Adults

Initial Pre-Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN JUSTIFICATION AND NEED FOR RESIDENTIAL SUD TREATMENT SERVICES</li> </ul> </li>   <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis</li> <li>• Appropriate level of care determination</li> <li>• LPHA or licensed-eligible LPHA signature</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF RESIDENTIAL SUD TREATMENT SERVICES</li> </ul> </li>   <li><input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including:                             <ul style="list-style-type: none"> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature</li> <li>• Patient signature</li> </ul> </li>   <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li>   <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>
<b>PERINATAL and PARENTING – PPW Residential Patients*</b> <small>*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services</small>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Initial Pre-Authorization Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required documentation for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For <b>Perinatal PPW</b> patients, must include all of the above “Re-Authorization Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li>   <li><input type="checkbox"/> For <b>Parenting—PPW</b> patients, must include all required items for this level of care, PLUS:                             <ul style="list-style-type: none"> <li>• A Miscellaneous Note that justifies how patient meets PPW criteria and includes the age(s) and date(s) of birth of the child(ren).</li> </ul> </li> </ul>
<b>CRIMINAL JUSTICE Residential Patients</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> All of the above “Initial Pre-Authorization Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Documentation that substantiates the patient’s criminal justice involvement (e.g. Criminal Justice Identification Number, minute order, Los Angeles Sheriff Department’s “START Admit Form”, etc).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All of the above “Re-Authorization Request” items, PLUS:                             <ul style="list-style-type: none"> <li>• Documentation that substantiates the patient’s criminal justice involvement (e.g. Criminal Justice Identification Number, minute order, Los Angeles Sheriff Department’s “START Admit Form”, etc).</li> </ul> </li> </ul>
<b>Discharge</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:                             <ul style="list-style-type: none"> <li>• Discharge and Transfer Form, All Levels of Care Except RBH.</li> <li>• Discharge from CalOMS.</li> </ul> </li> </ul>	

**Checklist of Required Documentation**

**Medication for Addiction Treatment (MAT) for Youth age 17 and Under**

Initial Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST DOCUMENT JUSTIFICATION FOR THE PRESCRIBED MEDICATION (e.g., name, dosage, route, frequency, duration, and rationale)</li> </ul> </li> <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis</li> <li>• Appropriate level of care determination</li> <li>• LPHA or licensed-eligible LPHA signature</li> </ul> </li> <li><input type="checkbox"/> Written parental consent for treatment with MAT</li> <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING SERVICES</li> </ul> </li> <li><input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including:                             <ul style="list-style-type: none"> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature</li> <li>• Patient signature</li> </ul> </li> <li><input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE</li> <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>

## Checklist of Required Documentation

### Withdrawal Management for Youth age 17 and Under (any level of WM)

#### Initial Authorization Request\*

\*This service is limited to a 14-calendar day per episode, with no extensions.

- Service Request Form
  - MUST EXPLAIN JUSTIFICATION AND NEED FOR WITHDRAWAL MANAGEMENT FOR YOUTH
- Complete Youth ASAM assessment
  - DSM-5 substance use disorder diagnosis
  - Appropriate level of care determination
  - LPHA or licensed-eligible LPHA signature
- If requesting MAT, written parental consent for treatment with MAT is required for Youth under age 18
- Pertinent laboratory/drug testing results – IF APPLICABLE

#### Discharge

- Required documentation if patient is being discharged:
  - Discharge and Transfer Form, All Levels of Care Except RBH.
  - Discharge from CalOMS.

**Checklist of Required Documentation**

**Recovery Bridge Housing (RBH)**

Initial Authorization Request	Re-Authorization Request
<p><b>Young Adults, Adults</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recovery Bridge Housing Service Request Form – MUST EXPLAIN JUSTIFICATION AND NEED FOR RECOVERY BRIDGE HOUSING</li> <li><input type="checkbox"/> <i>RBH provider</i> must submit documentation that (1) verifies enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment, (2) identifies which outpatient provider is providing the treatment, and (3) describes homelessness status. <b>RBH providers are not responsible for establishing eligibility for outpatient treatment, but MUST collaborate with outpatient provider and submit documentation of concurrent enrollment in outpatient treatment.</b> <ul style="list-style-type: none"> <li>○ For example, at least ONE of the following must be submitted <i>by RBH provider</i>:           <ul style="list-style-type: none"> <li>▪ Treatment Plan from outpatient treatment provider (including indication of need for RBH and homeless status).</li> <li>▪ Letter or other documentation from outpatient treatment provider verifying participation in outpatient treatment and homeless status.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Client Fee Determination form – IF APPLICABLE</li> </ul>	<p><b>Young Adults, Adults</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recovery Bridge Housing Service Request Form – MUST EXPLAIN JUSTIFICATION AND NEED FOR RECOVERY BRIDGE HOUSING</li> <li><input type="checkbox"/> <i>RBH provider</i> must submit documentation verifying enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment services and homelessness status.           <ul style="list-style-type: none"> <li>○ For example, at least ONE of the following:           <ul style="list-style-type: none"> <li>▪ Treatment Plan from treatment provider (including indication of need for RBH and homeless status)</li> <li>▪ Letter or other documentation from treatment provider verifying participation in treatment and homeless status</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> <i>RBH provider</i> must submit documentation that CLEARLY EXPLAINS NEED FOR ONGOING RBH PLACEMENT.           <ul style="list-style-type: none"> <li>○ For example: Indication on an Miscellaneous Note that patient still does not have permanent or alternative housing, and the steps the outpatient treatment provider has taken and is taking to secure permanent or alternative housing for the patient.</li> <li>○ <i>RBH provider is responsible for collaborating with outpatient treatment provider to access and ensure submission of the required documents.</i></li> </ul> </li> </ul>
<p><b>Perinatal Population</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All the above items, PLUS:           <ul style="list-style-type: none"> <li>○ Medical documentation that substantiates the patient’s perinatal status.</li> </ul> </li> </ul>	<p><b>Perinatal Population</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All the above items, PLUS:           <ul style="list-style-type: none"> <li>○ Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination. This may include additional medical documentation regarding patient’s pregnancy or post-partum status.</li> </ul> </li> </ul>
<b>Discharge – Recovery Bridge Housing (all populations)</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:           <ul style="list-style-type: none"> <li>• Recovery Bridge Housing Discharge Form.</li> </ul> </li> </ul>	

**Checklist of Required Documentation**

**Medical Necessity for Adult Withdrawal Management  
(1-WM, 3.2-WM, 3.7-WM, 4-WM levels of care)**

**Initial Eligibility Verification Request\***

\*This service is limited to a 14 calendar days per episode, with no extensions.

- Service Request Form
  - MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE
  
- Complete ASAM assessment
  - DSM-5 substance use disorder diagnosis
  - Appropriate level of care determination
  - LPHA or licensed-eligible LPHA signature

**Discharge**

- Required documentation if patient is being discharged:
  - Discharge and Transfer Form, All Levels of Care Except RBH.
  - Discharge from CalOMS.

## Checklist of Required Documentation

### Medical Necessity for Recovery Support Services (RSS)

Initial Eligibility Verification Request	Re-Verification of Eligibility*
<p><b>*If a patient is transitioning from any other level of SUD care into RSS and the eligibility period is still active → Please submit the following as the patient is initiating RSS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR RSS</li> </ul> </li> <li><input type="checkbox"/> CalOMS admission (for RSS)</li> </ul>	<p style="text-align: center;">*Re-verification of RSS must occur at least once every <u>6</u> months</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR ONGOING RSS</li> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature (if applicable)</li> </ul> </li> <li><input type="checkbox"/> Most current Treatment Plan that MUST be updated at least within the last 90 days including:                             <ul style="list-style-type: none"> <li>• RSS goals and planned interventions</li> <li>• LPHA or licensed-eligible LPHA signature</li> <li>• Counselor signature (if applicable)</li> <li>• Patient signature</li> </ul> </li> <li><input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination</li> </ul>
<p><b>**If a patient is entering into RSS for the first time (e.g., leaving SUD treatment in the in-custody setting and entering directly into RSS in the community upon release), without transitioning down from another level of care → Please submit the below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service Request Form                             <ul style="list-style-type: none"> <li>• MUST EXPLAIN NEED FOR RSS</li> </ul> </li> <li><input type="checkbox"/> Complete ASAM assessment                             <ul style="list-style-type: none"> <li>• DSM-5 substance use disorder diagnosis*</li> <li>• Appropriate level of care determination*</li> <li>• Signature by LPHA or licensed-eligible LPHA                                     <ul style="list-style-type: none"> <li>*RSS patients may not meet DSM-5 substance use disorder diagnosis or an ASAM level of care, so providers will likely need to justify/explain need for RSS in these instances via a Miscellaneous Note that is signed or co-signed by an LPHA or licensed-eligible LPHA.</li> </ul> </li> </ul> </li> </ul>	
Discharge	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Required documentation if patient is being discharged:                             <ul style="list-style-type: none"> <li>• Discharge and Transfer Form, All Levels of Care Except RBH.</li> <li>• Discharge from CalOMS.</li> </ul> </li> </ul>	

## Checklist of Required Documentation

### Non-SAPC Lines of Business (e.g., private pay patients)

- Providers are required by the State to submit CalOMS data for non-SAPC lines of business that fall outside of SAPC's responsibility.
- **Providers SHOULD NOT submit Service Request Forms or Billing for these patients.**

- CalOMS Admission/Discharge.
- Clinical Documentation, as needed, to meet your business needs.  
**\*NOTE:** SAPC will NOT be reviewing clinical documentation for patients that fall outside of SAPC's responsibility.